

STDs in Persons Entering Corrections Facilities

Public Health Impact

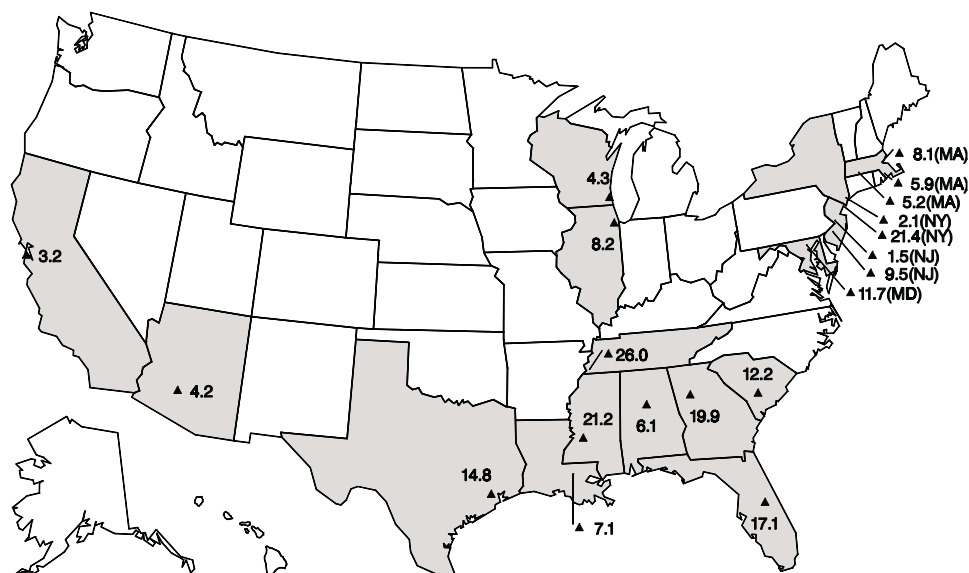
Multiple studies and surveillance projects have demonstrated a high prevalence of STDs in persons entering jails and juvenile detention facilities. Screening for chlamydia, gonorrhea, and syphilis at intake offers an opportunity to identify infections, prevent complications, and reduce transmission in the community. In cities where routine syphilis screening in jails occurs, a substantial percentage of all reported cases are identified in jails¹. Compiling data and analyzing trends in STD prevalence in this population provides a method for monitoring trends in STD prevalence in the community.

Observations

- In 1998, 12 states reported chlamydia, gonorrhea, or syphilis data to CDC as part of the Jail STD Prevalence Monitoring Project, 4 states reported syphilis data as part of the Innovations in Syphilis Prevention Project, 10 additional states reported data (at least 100 test results) from corrections facilities as part of the Regional Infertility Prevention Project, and 4 additional states reported data in response to CDC's request for data.
- The maps shown below represent approximately 186,000 syphilis tests and 33,000 chlamydia tests for men, and 47,000 syphilis tests, 25,000 chlamydia tests, and 28,000 gonorrhea tests for women.
- The percentage of reactive syphilis tests was higher for women than for men in 17 (94%) of 18 facilities reporting syphilis test results for both sexes (Figures W, X). In women tested for syphilis, seroreactivity was greater than 5% in 15 (75%) of 20 facilities reporting syphilis test results for women (Figure W). The percentage of reactive syphilis tests representing new cases of syphilis varied from site to site (data not shown).
- The positivity for chlamydia and gonorrhea in women was higher in juvenile facilities than in adult facilities. In adolescent women entering juvenile detention facilities, the positivity for chlamydia was greater than 8% in all 14 facilities reporting data (Figure Y) and the positivity for gonorrhea was at least 3% in 6 (86%) of 7 facilities (Figure AA).
- The positivity for chlamydial infection in men, although generally lower than that in women, was greater than 5% in 14 (64%) of 22 juvenile facilities (Figure Z).

¹CDC. Syphilis screening among women arrestees at the Cook County Jail — Chicago, 1996. *MMWR* 1998;47:432-3.

Figure W. Syphilis serologic tests — Percent seroreactivity in women entering city or county jails[†], 1998

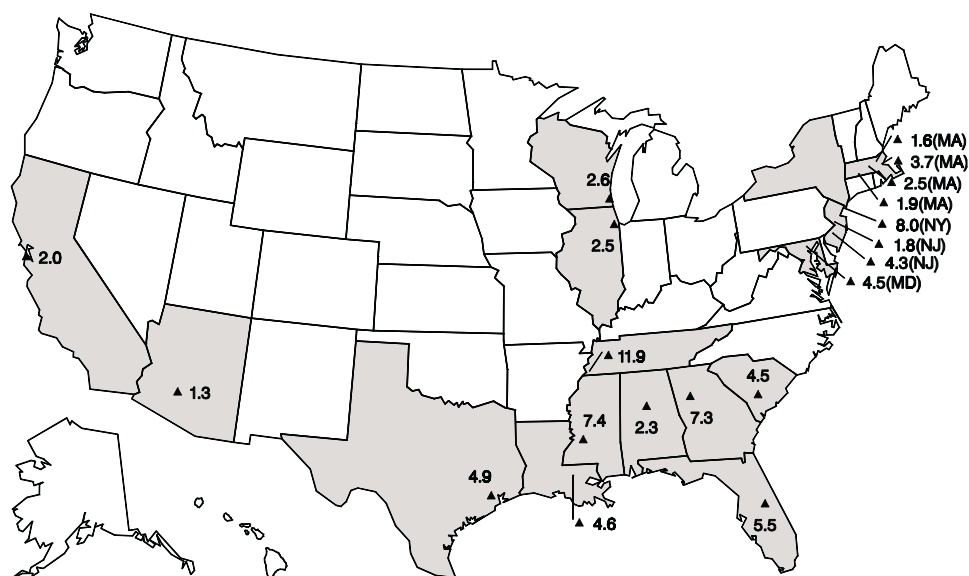


[†]From facilities reporting >100 test results.

NOTE: Data from Tennessee is from June 1998 only.

SOURCE: Local and State STD Control Programs; Regional Infertility Prevention Programs; Centers for Disease Control and Prevention

Figure X. Syphilis serologic tests — Percent seroreactivity in men entering city or county jails[†], 1998

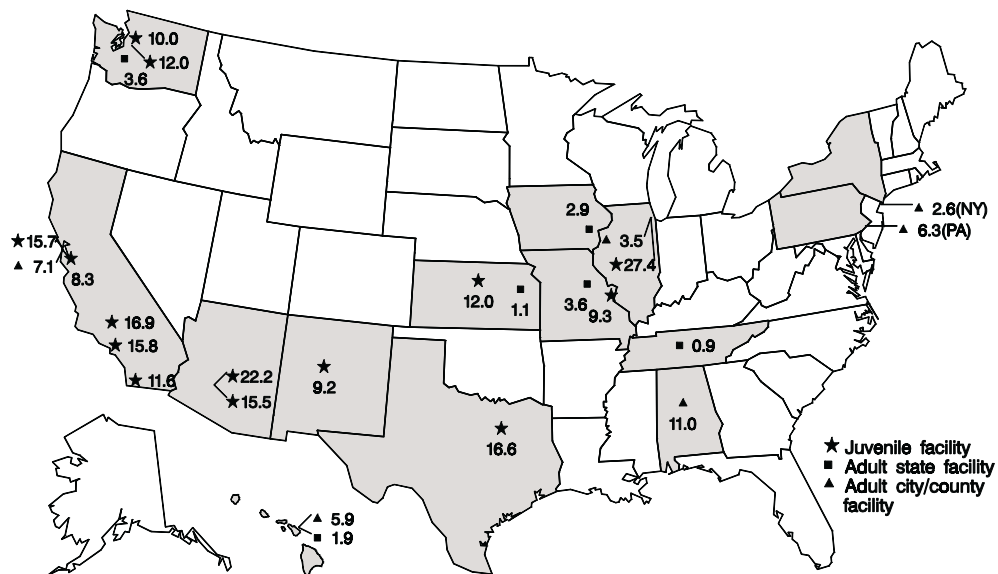


[†]From facilities reporting >100 test results.

NOTE: Data from Tennessee is from June 1998 only.

SOURCE: Local and State STD Control Programs; Regional Infertility Prevention Programs; Centers for Disease Control and Prevention

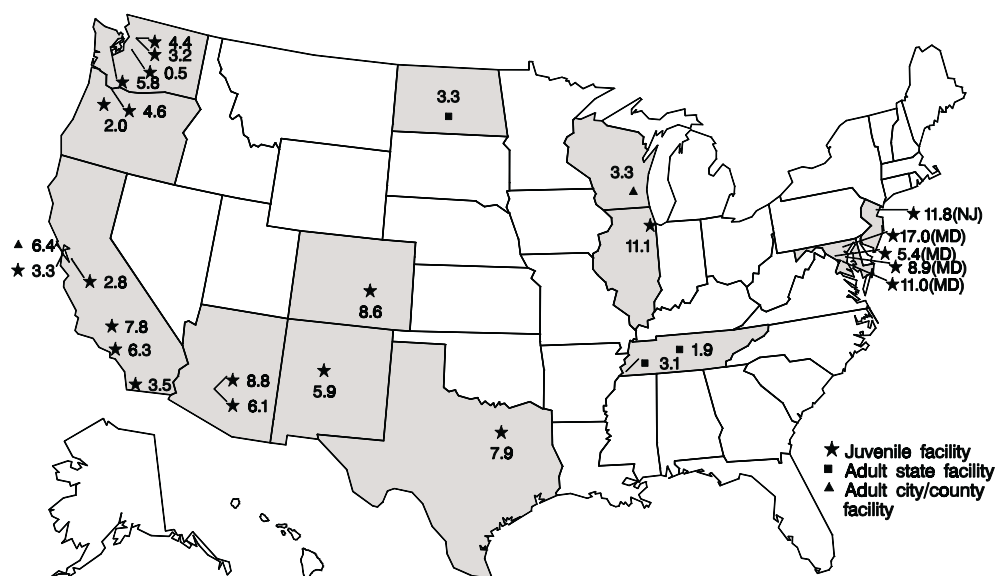
Figure Y. Chlamydia — Positivity in women entering juvenile and adult corrections facilities†, 1998



[†]From facilities reporting >100 test results.

SOURCE: Local and State STD Control Programs; Regional Infertility Prevention Programs; Centers for Disease Control and Prevention

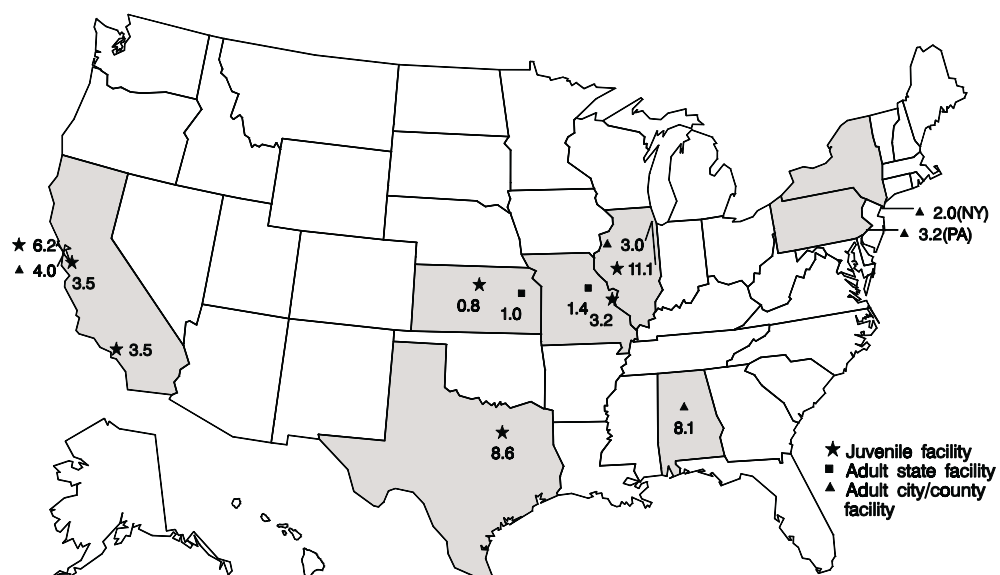
Figure Z. Chlamydia — Positivity in men entering juvenile and adult corrections facilities[†], 1998



[†]From facilities reporting >100 test results.

SOURCE: Local and State STD Control Programs; Regional Infertility Prevention Programs; Centers for Disease Control and Prevention

Figure AA. Gonorrhea — Positivity in women entering juvenile and adult corrections facilities[†], 1998



[†]From facilities reporting >100 test results.

SOURCE: Local and State STD Control Programs; Regional Infertility Prevention Programs; Centers for Disease Control and Prevention